

U. S. Department of Justice

Office of Justice Programs

Office of State and Local Domestic Preparedness Support

Center for Domestic Preparedness

Post Office Box 5100 Anniston, AL 36205-5100 Tel: 256-847-2134 FAX: 256-847-2222

Training Course Application (Please Print Legibly)

Course Name:_						
_	(IE; COBRA	A WMD Responder/Incid	dent Command/HAZ	MAT Te	chnician)
Name:		_		M	[ale	Female
(First)	(Last)			(Please Circle)		
Social Security Number:			_ Date of Birth	:		
·	(For Stud	lent Record Use Only)	_	(month)		(year)
Home Address:						
	(Street Address Only/No PO Box)					
		(City/State/Zip Code))			
Work Address:						
	(Str	reet Address Only/NO P	PO BOX)			
		(City/State/Zip Code	2)			
Telephone: (Home) (_)	(Work) (_)			
Employed By:						
	(City)	(County)	(State)			
Organization:						
Position/Title:						
Airport of Departure:						

- * Responders should complete the application and forward to the State Coordinator. State Coordinators review the application and forward to the Center for Domestic Preparedness, Department of Justice.
- * Questions concerning this application can be addressed to the State Coordinator or Rick Dickson Training, Center for Domestic Preparedness, DOJ at (256) 847-2134/Fax (256) 847-2222/dicksonr@ojp.usdoj.gov

NOTICE: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals whether the disclosure is mandatory or voluntary. Your Social Security Account Number (SSN) will be used to identify you precisely when it is necessary. Although disclosure of your SSN is not mandatory, your failure to do so may impede selection for training at the Center for Domestic Preparedness.